

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043630

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

163

FILED NOV 21 1962

1. PLACE OF DEATH

a. COUNTY

PERRY

b. CITY (If outside corporate limits, give TOWNSHIP only)

PERRYVILLE

Length of stay in 1b

1 DAY

c. FULL NAME OF (If NOT in hospital, give location)

PERRY CO MEMORIAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

ST. LOUIS

admission)

c. CITY

OR

TOWN

ST. LOUIS

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS (If outside, give location)

STAR ROUTE 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

EDWARD WENDELL KLEIN

4. DATE

Month

Day

Year

OF DEATH

NOV

13

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

10/7/90

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

IGNATIUS KLEIN

13b. MOTHER'S MAIDEN NAME

MAGDALENA LIPP

14. NAME OF HUSBAND OR WIFE

DORA C. FALLERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) YES

(If yes, give war or dates of serv) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Dora Klein, St. Louis, Mo. S.R. #1

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hodgkins disease

INTERVAL BETWEEN ONSET AND DEATH

7 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Branchial Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 10, 1962, to Nov. 13, 1962 and last saw him alive on Nov. 12, 1962

Death occurred at Perry County Hospital 2:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. C. Lanning M.D.

(Degree or title)

22b. ADDRESS

St. Louis, Mo.

22c. DATE SIGNED

11/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11/15/62

23c. NAME OF CEMETERY OR CREMATORY

ST JOSEPH CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Geo. C. Bacher & Son, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

11-15-62

26. REGISTRAR'S SIGNATURE

Joe J. Zollner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

6793

8950

3

4 0

5 1

6

7 0

8 2

9201X

10

11

12 1-0

13 1-0

JAN 8 1963

DEC 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.